

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Goodwin Procter LLP

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: Exchange Place, Boston, MA 02109

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jacqueline Klosek

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
Jacqueline Klosek, Goodwin Procter LLP, 7 Becker Farm Road, Roseland, NJ 07068

Telephone Number of Designated Agent: 973-994-7895

Facsimile Number of Designated Agent: 973-992-4643

Email Address of Designated Agent: jklosek@goodwinprocter.com

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 06.09.03

Typed or Printed Name and Title: Jacqueline Klosek, Associate

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

JUN 18 2003

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